

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TME.1855		TIME OUT 5
PAGE	of ©	2

WITH ANY TIME LIMIT	S FOR CORRECTIONS SPECIFIED	IN THIS NOTICE	MAY RES	SULT	IN CESS	SATION O	F YOUR FO		COMPL	Y
East Plain		OWNER:						PERSON IN CHARGE:		
ADDRESS: 210 Washington								COUNTY:		
CIFY/ZIP: + Pr	airie 63845	PHONE: 3	56	4	FAX:			P.H. PRIORITY: D H	и 🗆 Г	-
ESTABLISHMENT TYPE ☐ BAKERY ☐ RESTAURANT	☐ C STORE ☐ CATERER SCHOOL ☐ SENIOR C		LI MP. FOO	D		ROCERY S	STORE	☐ INSTITUTION☐ MOBILE VENDORS		
PURPOSE Pre-opening	Routine	☐ Complaint	☐ Othe	er		- and otto				
FROZEN DESSER □Approved □Disap	proved 🖾 Not Applicable	SEWAGE DISPO	SAL			SUPPL MMUNIT		NON-COMMUNITY PRIVAT	Έ	
License No.		PRIVATE	****	/				Date Sampled Results		
Risk factors are food	preparation practices and employee	RISK FAC						Control and Prevention as contributing factor	rs in	
foodborne illness out	oreaks. Public health interventions	are control measure	es to prev	vent fo	oodborne	illness or	injury.			
Compliance IN OUT	Demonstration of Kno Person in charge present, demon		cos	R		oliance_ UT N/O N	N/A Drop	Potentially Hazardous Foods per cooking, time and temperature	COS	S R
3001	and performs duties	strates knowledge,						per cooking, time and temperature		
(IN) OUT	Employee Heal					UT(N/Q/1		per reheating procedures for hot holding		
IN OUT	Management awareness; policy p Proper use of reporting, restriction		_			UT N/O N		per cooling time and temperatures per hot holding temperatures		
111/001	Good Hygianic Pra				INLO			per cold holding temperatures	-	
IN OUT N/O	Proper eating, tasting, drinking or					UT N/O N	V/A Prop	er date marking and disposition		
OUT N/O	No discharge from eyes, nose and				IN O	NON TU	N/A Time reco	e as a public health control (procedures / rds) Consumer Advisory		
IN OUT N/O	Hands clean and properly washed	I I I I I I I I I I I I I I I I I I I			(IN O	UT N		sumer advisory provided for raw or ercooked food		
IN OUT N/O	No bare hand contact with ready- approved alternate method prope	rly followed						Highly Susceptible Populations		
IN OUT	Adequate handwashing facilities saccessible				IN OI	UT N/O N	I/A Past offer			
IN OUT	Food obtained from approved sou		-		IN OI	LIT N	//	Chemical		
IN OUT N/O N/A	Food received at proper temperat				IN O		/A Food	d additives: approved and properly used c substances properly identified, stored and		
IN OUT NO NA	Food in good condition, safe and Required records available: shells destruction				(IN OI	JT N	/A Com	Conformance with Approved Procedures pliance with approved Specialized Process HACCP plan		
	Protection from Contact	mination			Th. 1-	44 4- 45-			-	-!-
IN OUT N/A	Food separated and protected				inspec	tion.		item indicates that item's status at the time	of the	
IN OUT N/A Food-contact surfaces cleaned & sanitized IN OUT N/O Proper disposition of returned, previously served,				IN = in compliance N/A = not applicable COS = Corrected On Site OUT = not in compliance N/O = not observed R = Repeat Item						
	reconditioned, and unsafe food	-100000					ed On Site	R = Repeat Item		
	Good Retail Practices are preventa				RACTIC		a abamiaal			
IN OUT	Safe Food and Water	live measures to co		R		DUT	is, chemical	Proper Use of Utensils	cos	R
	eurized eggs used where required				X			: properly stored		
Wate	er and ice from approved source					har	ndled	ment and linens: properly stored, dried,		
Adec	Food Temperature Contro quate equipment for temperature con				-		igle-use/sing	gle-service articles: properly stored, used		
	roved thawing methods used	101				GIC		insils, Equipment and Vending		
	mometers provided and accurate	2					od and nonf	food-contact surfaces cleanable, properly structed, and used		
	Food Identification					Wa stri	rewashing f ps used	facilities: installed, maintained, used; test		
Food	properly labeled; original container	elle a				No	nfood-conta	ct surfaces clean		
Insec	Prevention of Food Contamin cts, rodents, and animals not present			-		Hot	t and cold w	Physical Facilities vater available; adequate pressure		
Contamination prevented during food preparation, storage							Illed; proper backflow devices			
and display Personal cleanliness: clean outer clothing, hair restraint, fingernails and jewelry					Sev	wage and w	rastewater properly disposed			
Wiping cloths: properly used and stored					Toi	let facilities:	properly constructed, supplied, cleaned			
V Fruit	s and vegetables washed before use				W			e properly disposed; facilities maintained		
Person in Charge /	Title:					Phy	ysicai faciliti	es installed, maintained, and clean Date: 7 7 7 7	1	
Inspector:	Marian Con	Telep	hone No	27-	Na	/ EPH	IS No		D N	0
MO 580/1814 (11-14)	- VI WICKNYL	DISTRIBUTION: WHITE	OWNER'S	COPY	NII	CANAF	RY - FILE:COPY	Follow-up Date:	7	E6.37

BASED ON AN INSPECTION THIS DAY, THE ITEMS NOTED BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF ENVIRONMENTAL HEALTH SERVICES FOOD ESTABLISHMENT INSPECTION REPORT

TIMEIN 55	TIME 9UT 55
PAGE 2 of S	2

ESTABLISHMEN	Prairie Middle School	ADDRESS 210	Washington	L'ast Prairie	ZIP 384	15
FO	FOOD PRODUCT/LOCATION		FOOD PRODU	CT/ LOCATION	TEMP.	
Ambie	nt Air (AA) Walkin	36°F	AA Stand Ly	warmer	146	F
AM	Cooler	391F	nam/sandi	eich har	31.	-
AAT	rautsen warmer	7480F			# j	
/ 1/1	. ozor se ri posorrer	, , 0		Mark to the second		
Code Reference	Priority items contribute directly to the elimi or injury. These items MUST RECEIVE IM	PRI nation, prevention or MEDIATE ACTION w	ORITY ITEMS reduction to an acceptable level, haza vithin 72 hours or as stated.	rds associated with foodborne illness	Correct by (date)	Initial
	10.00	01	this time.			
	11010		This time			
				ACCOUNTS OF THE PARTY OF THE PA		
				THE RESERVE OF THE PERSON OF T		
				But the American		
				THE PERSON NAMED IN		
Code Reference	Core items relate to general sanitation, ope standard operating procedures (SSOPs). 1	Cirational controls, facil These items are to be	ORE ITEMS ities or structures, equipment design, a corrected by the next regular insp	general maintenance or sanilation ection or as stated.	Correct by (date)	Initial
				A Comment of the Comm		
	10.710.4	a + 1	to the	1950 1979 1970		
	none	001 1	My Time			
				(S)		1.5
				MILE AT ASS		
				24.00		
				78 B R. F.		
		EDUCATION	PROVIDED OR COMMENTS			24-1
					, ,	
Person in Ch	arge /Title: PRTA Bake-			Date: 9-24	-200)
Inspector:	1: Marrino	Teleph	one No.3-219 EPHS, No.	Follow-up: Follow-up Date:	Yes [No
MO 580-1814 (11-14	D. IVIQIONIVI	ISTRIBUTION: WHITE - OW	100			E6.37A